C. Child and Family Well-Being

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Frequency of Contact between Caseworkers and Children and their Families*:*

Current Policies:

The Children's Division's child welfare policies are specific on regular and frequent contact between Children's Division workers and children and families. For intact families, the frequency of in-person contact is based on the levels of risk and the resulting family plan for change. However, a minimum of face-to-face contacts in the home at least once every 30 days is required for Children's Division worker/family contact.

For out-of-home care, the Children's Division worker is required to meet, face-to-face, once every two (2) weeks with children in out-of-home care, not including supervised visitation with siblings or other family members and visits should ideally take place in either a neutral setting or in the out-of-home care placement. The Children's Division worker is also required to meet every two weeks with the placement provider in the home. Children's Division workers often have contact with the child and families during the required visitation. Finally, home visits with the parent(s) are required a minimum of monthly, in addition to contact during visitation and Family Support Team meetings, and may be more frequent based upon the team recommendations for the family.

Basis for Policy

The required twice a month contact with child by Children's Division worker mirrors Council on Accreditation standards and assists in assuring the safety of the child and developing the child/Children's Division worker relationship. More frequent contact may occur based on the Family Support Team recommendations. In Jackson County, the Consent Decree mandates that weekly contact with the child occur for the first eight weeks of any new placement of the child. After the first eight weeks the Children's Division worker must have twice a month, face to face contact with the child. Monthly home visits with the parent(s) in addition to other contacts, are necessary to determine child safety and progress towards the family plan for change. The policy generally reflects sound social work practice in requiring frequent and regular contact between the Children's Division worker and the child, the placement provider and the family.

Once a month, minimum contact, with intact families is based upon the best practices in Missouri. The practice is to have more frequent contact based upon the needs of the child and the family. Children's Division workers have weekly phone contact with the family and on-going contact with other professionals working with the family.

Available Data

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2002 fourth quarter
Worker visits the child in out of home care twice each month	63%	68%	64%	70%
Worker visits the intact family at least one time per month	Data not available	Data not available	83%	82%

Methods for measuring contacts: the peer record review data is likely the most accurate measure of contact as it based on quarterly reviews of 2.5% of the cases (or 10% over the course of a year). The cases are reviewed by "peers" who currently perform the same work. The Practice Development Reviews does not directly measure frequency of contact.

Missouri's peer record review data demonstrates improvement in Children's Division workers making visits twice a month with the child for calendar year 2002. Children's Division worker visits with intact families occurred at a rate of 83% and 82% for the third and fourth quarters of 2002.

While the policy reflects good social work practice, the capacity of Children's Division worker to meet the policy requirements has been limited due to budgetary restraints, unfilled Children's Division worker positions, and a lack of the ability of Children's Division workers to follow policy due to their high caseloads.

Multi-Disciplinary Team

While Missouri's investigation/family assessment policies allow other professionals to satisfy the initial child 24 hour contact in some situations, there are no substitutions in our child welfare policies for twice a month visits between the Children's Division worker and children in alternative care or the minimum of one visit a month with the parent(s) or the twice a month visits in the home with the placement provider.

Our children and families typically do have contact with professionals other than their Children's Division workers, including mental health professionals, school counselors, and parent aides. In both intact families and children in out of home placement, these contacts are governed through the Family Support Team. On occasion, services are provided to intact families through the Children's Treatment Services contracts.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Child/Family Participation	69%	81%	75%	79%	77%
Service Team	70%	83%	68%	81%	79%

The Practice Development Review illustrates the degree of participation by the child in alternative care and intact families in the case planning and Family Support Team process. It also illustrates the degree to which the service team is focused on the Family Support Team process: team members know what services are being provided; team members understand their roles and responsibilities; family knows who comprises their service team. In most cases, the Children's Division worker is the point of contact for the team.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The service plan clearly identified tasks for each participant for children in out of home placement.	Data not available	Data not available	77%	78%
All household family members were offered an opportunity to participate in the planning and the delivery of services for intact families.	73%	75%	83%	80%

The above chart illustrates the success the Children's Division experience in assembling a multi-disciplinary team to provide services to children and families for both alternative care families and intact families.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Urgent Response	92%	95%	78%	82%	83%

The Practice Development Review mirrors the federal Child and Family Service Review reviews and gathers data from the case record reviews, interviews with the family, staff and other professionals. The reviewers are an impartial team of staff and community

partners from outside the circuit. Urgent Response measures the urgency and significance of an emerging need or problem of the child or the caregiver is met with a timely and commensurate service response.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2002	January to June 2003
--	86.67% 65/75	81.33% 61/75	80.00% 60/75	89.92% 66/74	85.33% 64/75	90.67% 64/75	Not compiled

The Omnibus Review Tool, which is used to compile the Semi Annual Report of Compliance for the Consent Decree in Jackson County examines whether all identified services were provided to the child and family, including mental health services. The above chart refers only to children in alternative care in Jackson County.

Correlation between Actual Contacts and Other Factors:
Children's Division worker staffing levels appear to be the most critical factor in achieving required Children's Division worker contact with children and families. Missouri began the Council on Accreditation process and site visits were conducted 2001. Due to lack of sufficient Children's Division worker to meet Council on Accreditation standards, the accreditation efforts were suspended in 2002. (The Division plans to resume accreditation efforts as resources become more available.)

Beginning in 2001, the Social Services Block Grant funding decreased and state revenues declined sharply. These significant decreases in funding created hiring freezes and limited Children's Division worker allocations throughout 2001 and 2002. Due to cuts in revenue spending, hiring freezes occurred off and on during 2002 and 2003. As noted in the following charts, approximately 400 additional Children's Division worker positions need to be added to meet the minimal Council on Accreditation standards. In addition to the loss of front line Children's Division workers, there has been a corresponding loss of supervisor positions.

Turnover also creates pressure on Children's Division worker inability for frequent visiting with children' and families. Workers are not immediately replaced and existing staff cannot adequately cover other caseloads along with assigned duties. New hires have three months of basic training before they can assume full duties.

Fiscal Year	Actual Supervisors	Need Based on COA standards	Percentage Staffed	Actual Ratio	Ratio if workers were fully staffed
SFY-99	171	235	72.72%	7.73 to 1	9.63 to 1
SFY-00	180	227	79.26%	7.57 to 1	8.83 to 1
SFY-01	204	242	84.33%	6.79 to 1	8.30 to 1
SFY-02	209	262	79.89%	7.07 to 1	8.76 to 1
SFY-03	183	262	69.76%	7.59 to 1	10.03 to 1

Quality Assurance System
Quality Assurance is gained through Peer Record Reviews (through narratives) and Program Development Reviews (through narratives and interviews). In addition, Jackson County, through consent degree monitoring is able to demonstrate positive outcomes which are allowing the county to exit sections of the consent decree.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Policies/Practices/Procedures for Educational Needs of Children
For intact families, Missouri Child Welfare Manual policy requires a thorough assessment of the family. An initial assessment tool is completed by the Children's Division worker during the initial 30 days after receipt of a "hotline". This assessment includes a section on health and education of the child and/or the caretaker. This information is kept in the family case file. If the case is opened longer than 30 days, a more in-depth assessment is completed on the family and tools including the eco-map, genogram, and timelines are completed which includes more health, mental health and educational information. The comprehensive information gathered drives the development of the Family Plan for Change. Family plans for change are on-going and reviewed by supervisor monthly and revised every 90 days.

For children in out-of-home care, the Child's Assessment Guidelines notes that school collaterals are one of the sources for assessment information and specifically requires educational information regarding the grade level, individual education plan, special classes, extracurricular activities and special achievements/honors of the child.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The child is at grade level and receiving appropriate educational services.	Data not available	Data not available	95%	96%

For the last two quarters of 2002 children in alternative care were receiving the appropriate educational services 95% and 96% of the time. Since 1999 the Practice Development Review documented similar attainment of meeting the educational needs of the child in 2002 and 2003.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Learning progress of the child	83%	91%	81%	94%	94%

The recently released Assessment and Service Plan for children in alternative care will address all aspects of the child's well being. The well-being section of this form asks for very specific information about the status of each of these areas. There is a plan for this form to be available through the child welfare management information system which will provide aggregate circuit and statewide data to determine how Missouri is meeting the well-being needs of Missouri children in alternative care and children from intact families. Education remains the responsibility of the parents of children from intact families.

Educational Surrogates/Advocates

Educational surrogates are available to children in alternative care. Through a Children's Division memorandum issued in January 2002, the policy regarding Public Law 101-476 was clarified. The policy states that the foster parent, is the representative surrogate parent for a foster child with a disability during the IEP and other educational activities. For children placed in residential care, it is the responsibility of the Department of Elementary and Secondary Education to appoint a representative for those children. As noted earlier, recommendations regarding the educational plan for all children are made by the Family Support Team.

Sharing of Educational Records with Foster Parents/Kin/Adoptive Parents

As noted above, the foster parent is the representative for a child with a disability in educational proceedings and, as such, has access to educational records. Foster parents enroll children in school and attend school conferences. Per the Child Welfare Manual, foster parents/kin/adoptive parents have access to the Children's Division record established for a child in Children's Division custody. All information in those files is shared with the placement provider, including education records. Finally, foster parents/kin/adoptive parents are mandated members of the Family Support Team and school representatives are likewise encouraged to attend Family Support Team meetings. This is another opportunity for sharing of education information with the foster parent.

Relationship between Children's Division/Department of Elementary and Secondary Education (DESE)

The Department of Elementary and Secondary Education and the Children's Division partner in a number of efforts where formal agreements exist, including the Caring Communities, the Children's Division and Adolescents Service Systems Project, System of Care, Missouri Juvenile Justice Information Sharing, and the Interdepartmental Initiative with Department of Mental Health, Department of Elementary and Secondary Education and Child, Division of Youth Services and. The informal working relationships between Children's Division and Department of Elementary and Secondary Education are positive. For example, teachers, counselors and other education officials are encouraged to attend the Family Support Team meetings. There was a representative from Department of Elementary and Secondary Education in the external partnering group who participated with this self-assessment.

In 1998-1999 the Department of Social Services and the Department of Elementary and Secondary Education worked together on a project with school districts in a select area of

the state to improve communication between the school districts and the local Children's Division Children's Service Worker. The efforts focused on educational issues for foster children, especially those needing special services. The efforts served as an opportunity to not only improve communication but to help school districts understand how to better utilize funding streams available to them.

Missouri Senate Bill 757 strengthened the cooperation between the Division and school districts by requiring each school district to identify a school liaison. Upon receipt of a hotline, the assigned Children's Service Worker is required to contact the designated school liaison as a part of the investigation/assessment protocols.

Automated System for available services
The Department of Elementary and Secondary Education maintains a website which makes information available on a number of issues and topics. Examples of information provided on the website are sections on other resources and popular links, school laws and legislation, vocational rehabilitation, special education, and student assessment Missouri Aptitude Proficiency test.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Health Care for Children:

Policies and Procedures Regarding Health Care Services
The Child Welfare Manual states that it is the responsibility of the Division to provide the necessary medical or psychological services, evaluations, care or treatment needed by a child in the Division's custody in out-of-home care. The Manual also contains detailed policies and procedures regarding the provision of health care services to children in out of home care. Within 24 hours of coming into care (or as soon as possible), policy requires an initial health examination for the child, including a complete Healthy Child and Youth screening. It also requires Children's Service Workers to ensure that medical information is obtained from the parent/physician and given to the foster parent-within 72 hours, if possible, and no later than 30 days.

The list of medical information to be obtained has reference points, including immunizations, past and current medical problems, history of psychological services and developmental milestones. On-going placement support activities include implementing any treatment recommendations made by the physician, dentist, professional or psychological examiner. On-going health care is to be obtained in accordance with the Healthy Child and Youth examination/immunization schedule.

Peer Record Review Results and the Practice Development Reviews examined health related factors for children who are in out of home placement and children from intact families.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The assessment indicates factors specific to family such as health were considered for intact families.	72%	81%	81%	81%
The physical needs of the child in out of home care are being met	Data not available	Data not available	95%	96%

The above chart depicts the Children's Division ability to meet the health needs of children.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Health / physical wellbeing	96%	100%	96%	99%	98%

The above chart depicts the health and physical well-being of children in alternative care and children from intact families.

Jackson County which is under a consent decree is required to collect data in regards to preventive as well as on-going health care for children in out of home placement. Jackson County utilized the Practice Development Review to collect the data on a monthly basis and reviews one hundred fifty cases annually.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2001	January to June 2003
90%	**86.67% 65/75**	**61.33% 46/75**	**76% 57/75**	**66.23% 49/74**	**70.67% 53/75**	**Dental = 55.93% 33/59 Physical = 92% 69/75**	**Dental = 58.21% 39/67 Physical = 90.59% 77/85**

The chart above reflects preventative health care for children in out of home care in Jackson County. Due to the limited number of dentists who will accept Medicaid the overall percentage of compliance is low.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2002	January to June 2003
92.86%	89.33% 67/75	86.67% 65/75	92% 69/75	93.24% 69/74	92% 69/75	96% Physical only 72/75	95.29% Physical only 81/85

The chart above reflects physical health needs of children in out of home care in Jackson County.

Responsibilities

As noted above, the Children's Division worker has responsibility for providing medical information regarding the child in out of home care to the placement provider when the child comes into care and/or changes placements**.** Placement provider responsibilities include maintaining a record of health and health care, especially immunization records, and to cooperate with the Children's Division in arranging for routine medical and dental care, as well as, ensuring the child receives appropriate care during any illness. Some juvenile courts require court orders for certain medical procedures, such as surgery. Children's Division worker responsibilities also include discussing with all clients the importance of primary and preventive health care and providing transportation, as necessary, when appropriate to the case plan and if it has been determined another resource is not available. The Family Support Team is responsible for making recommendations regarding the child, including treatment recommendations, and for designating who would carry out the recommendations. The Family Support Team can serve as an effective vehicle in clarifying the roles of the various parties when confusion occurs over the responsibility for a given activity. As the legal custodian, the accountability falls on the Children's Division worker when other arrangements are not possible.

For children from intact families, the child's parents are responsible for all health care. Through the Child Health Incentive Program, Missouri offers health insurance to families whose income is 300% of the poverty income line. Depending on the level of incomes, families experience no expense, co-payments, and premiums for health care.

Data regarding the provision of health care

All children in out-of-home care are covered by Missouri Medicaid for Children (MC+). Foster parents statewide have identified difficulties locating dentists who will accept Missouri Medicaid and that issue remains difficult to resolve. Services not covered by Medicaid can be purchased for children with approval from the Division area office.

Jackson County has a medical database that was custom-built specifically in response to the Consent Decree. This database serves as a model for rest of Missouri.

Jackson County Database fields:

- Child's demographic information including name, Departmental Client Number, date of birth, gender, race, mother, father and siblings
- Custody date, Children's Service Worker, placement and MC+ plan
- 72-hour meeting date, time, location and FSTM date, time and location; CS-1 health summary forms ("snapshot" of current health information)
- Summaries of initial exams, Healthy Child and Youth exams, vision, hearing, dental, follow-up and mental health visits ("medical passport/discharge summary" which contains all entries before and during custody)
- A history of information requests and progress notes by the nurse case managers
- Health care plans, medications, allergies, appointment times, diagnostic tests, past medical history, birth, nutritional, developmental, mental health and school information

Recent enhancements to the database have enabled Missouri to streamline the medical passport in Jackson County, generate a more automated enrollment notice, and to query for overdue and coming-due dental exams. It contains a wealth of data that is in logical fields, and can be queried and exported countless ways.

Procedures for conducting health assessments
As noted earlier under policies and practices, routine medical/dental care is to be provided per the Healthy Child and Youth immunization/examination schedule. Child assessments during entry into out-of-home care and on-going require information regarding the child's physical health.

Extent to which the child's health issues are addressed in the case plan
Health information collected during the child assessment is shared with the Family Support Team and used to drive the case plan for children in out of home care. Health information is collected on children from intact families and the Children's Division worker assists the family in addressing the health care barriers.

Provision of health care to children in out-of-home care and in-home
As noted above, all children in Children's Division custody in out of home care are covered by Missouri Medicaid for Children (MC+). Physical health needs are met through managed health care plans; behavioral health needs are addressed on a medical fee-for-service basis. Medical care not covered by Medicaid can be provided under special expenses with the approval of the Area office. Children's Service Workers must ensure that the Department of Health and the Division of Medical Services resources are explored, as well as other resources before utilizing special expense funds (For children living in-home in need of services, the Children's Service Worker would review community resources and explore with the family potential options, such as MC+, county health clinics, Bureau of Special Health Care Needs.

Initial Health examinations/on-going examinations
As referenced above under policies and procedures, children entering out-of-home care are required to have a medical exam within 24 hours and on-going examinations / immunization per the Healthy Child and Youth schedules.

Procedures ensuring that the health and safety needs of children are a priority
As noted above under policies and procedures, children are required to have a physical examination with 24 hours, the Children's Division worker is required to provide detailed information regarding the child on 15 health issues to the placement provider within 72 hours, if possible, and within 30 days at the latest. Periodic immunizations/examinations are to be conducted per the Healthy Child and Youth schedule. Initial and on-going assessments of the child are required to include information regarding physical health.

Sharing of health records with foster parents
Missouri Child Welfare Manual states that all information about the child will be shared with the parent/caregiver on an ongoing basis.

State's health care system
Children in the custody of the Children's Division in out-of-home placement receive Medicaid for Children and in some parts of the state children are in a managed care health plan, MC+ for physical health services. (Mental health services, however, remain fee-for-service.) Uninsured children from intact families and whose families meet the financial means test, disabled children who meet eligibility requirements and children in Temporary Assistance for Needy Families also receive MC+. As noted earlier, dental providers who will accept MC+ payment rates are hard to find in many parts of the state. Children in foster care may also face changing providers when health care plans change or they move to a neighboring county where the existing health care plan is not operating.

System for Special Needs Children
The Division has developed medical foster parent homes to care for medically fragile children in out of home care. This has helped to keep children out of institutions and in the community. Training is geared to the specific needs of the child. For children with behavioral and mental health needs, the division has developed Behavioral Foster Care and Career Foster Care and pays these providers above the traditional foster care rates but below the residential care rate. Finally, the System of Care initiative with the Division and key partners in mental health, education and the juvenile courts will strengthen the ability of the state to provide for special needs children.

For children from intact families, the parents are responsible to meet the special needs of children. The Children's Service Worker may assist the family in obtaining services and connecting the family with the Child Health Incentive Program.

System for Dental Health Care needs
Due to the limited number of dentists willing to accept Medicaid payment, the provision of dental services remains problematic in Missouri. Some dentists who are treating the adult foster parents will agree to serve the foster children as well, even though payment is

at the reduced MC+ rate. Other dentists agree to serve the foster children as part of their service to the community. A few communities do have low-cost dental clinics and others have community organizations willing to offer assistance. In other locations, foster parents have no choices but to drive long distances to find a dentist who will accept Medicaid payment.

Recently, Healthy Kids and Seniors Dental, a new service provider for dental and optical services has obtained authorization from one half of the MC+ plans to provide dental services in Jackson County. It is the intent of this provider to spread across the entire state to provide these services.

Mental Health Care for Children

Policies and Practices
The Child Welfare Manual requires the Children's Service Worker to "ensure that medical information is obtained and shared with the foster parent within 72 hour, if possible, or no later than 30 days". The medical information required specifically includes psychological services (past and present), current medications, and current and past medical providers. The manual requires that the Children's Service Worker must ensure that children with serious emotional and behavior disturbances receive appropriate counseling, therapy and/or medication. Also, the Children's Service Worker must ensure that the placement provider has the knowledge and skills necessary to provide appropriate care for the child.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The assessment indicates factors specific to the family such as mental health were considered for intact families	72%	81%	81%	81%
The mental health needs of the children in foster care are being met	Data not available	Data not available	95%	97%

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Emotional Behavioral Health	83%	92%	91%	91%	95%

Emotional and behavioral health issues have shown a steady improvement for children in out of home care and children from intact families. Access to mental health services for children remains an issue for intact families. These families face many barriers: transportation, insurance, and lack of knowledge of the mental health system.

Requirements for conducting initial mental health evaluations of children entering foster care and for ongoing evaluations

The Child Welfare Manual requires an assessment for each child needing out-of home care, which includes emotional/mental health. The Child's Assessment Guidelines specifically include information regarding emotional health, medication, treatment and behavior. CS-16 is an initial and on-going assessment tool for the family (and family members) and is updated every 90 days. The ecomap and genogram help capture family involvement with community providers (such as mental health agencies), relationships between family members and the strengths and weaknesses. These assessment instruments drive the treatment plan for the child and for the family. Assessment and treatment planning will also be enhanced with the introduction of the new Child Assessment and Service plan, which is currently being field tested. This document will include expanded Emotional Health information. The Child Assessment and Service plan will also be shared with the FST members during FSTM.

Data regarding provision of mental health services

The delivery of mental health services is recorded in the child's case record.

Methods for tracking the provision of mental health services to children entering care and children receiving in-home services

As noted earlier, our 2002 Peer record Review Results indicated that approximately 95% of the children in out-of-home care had their mental health needs met.

Requirements for conducting initial mental health evaluations

The requirements for evaluating mental health are embedded in our assessment requirements, and CS-16 requirements are described in the above sections.

State's Use of Medicaid

All children in Children's Division custody in out-of-home care are covered by Medicaid for Children (MC+) and can receive health care services from any enrolled provider. Mental health services are provided as fee-for-service, even in the parts of the state where physical health care is managed by health care plans. Children at home covered by MC+ also have access to mental health services at fee-for-service rates. Medicaid- covered mental health services have helped make those services available and affordable for children in care and at home.

Coordination

The Children's Division and the state Department of Mental Health has a long history of partnering. A current initiative referenced earlier is the System of Care which focuses on interagency efforts to serve children with mental health needs and to prevent those children from entering out-of-home care due to those needs.

Other Well-Being Issues

Issues of Concern:

- Increased Children's Division worker resources are needed to achieve consistent visitation with children and families as prescribed by our policies and procedures.
- The level of Children's Division worker should be increased to meet the Council on Accreditation standards for best practice. If the level of staffing can't be increased, the division should examine priorities to ensure that child and family contacts are occurring.
- Our data system requires enhancements to better capture the health and mental health services received by children in care of public agency.
- Missouri urgently needs more dentists who will accept Missouri Medicaid.
- Children's Division workers currently have multiple assessment requirements, the policies are confusing and the assessment tools are sometimes cumbersome. Accordingly, case assessment information on well-being issues tends to be spread all over the case files and does not appear to be driving the case plan.

Potential Reforms

- The Division plans to resume the pursuit of accreditation, and to use the accreditation process as a tool in obtaining Children's Division worker resources.
- The System of Care initiative underway has potential to serve children with mental health needs more effectively and to reduce the number children placed in alternative care due to unmet needs.
- The new Child Assessment and Safety Plan is being tested in the field and contains more information on well-being indicators. Children's Division worker are also in the beginning stages of creating a new assessment tool that will simplify assessment requirements, capture more well-being information and can be used for both intact families and children in placement and their families.